



Employment Application

Please provide the following with your application:

Copy of Driver's License and Class

Insurance History

Copy of Driver's Abstract

Last Name: _____ First Name: _____

Address: _____

Email: _____

Telephone: _____

Date of Birth: ____/____/____
mm dd yyyy

How did you learn of the opening? _____

Have you worked with us before? Yes No If so, when? _____

Can you drive: Automatic Standard

How many years of truck driving experience have you had? _____

Expected Pay Rate: _____ Available Start Date: _____

Education - Please check what schooling you have completed.

High School Diploma

College Degree

University Degree

List any specialized training or apprenticeship skills:

Previous Employment

Start Date: _____	End Date: _____
Company Name: _____	
Supervisor's Name: _____	
Reason for Leaving: _____	
Job Description: _____	

Start Date: _____	End Date: _____
Company Name: _____	
Supervisor's Name: _____	
Reason for Leaving: _____	
Job Description: _____	

Personal References – Please provide three.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if there are falsified statements, it shall be considered sufficient cause for dismissal.

Signature of Applicant

Date

Please send the completed application to SCM@pinnacletransport.ca.